Dear Palo Alto College Community,

Over the past two years, I have been fortunate to serve as the Vice President of Student Success at this College. During my time, the Division of Student Success has developed many innovative, research based, and best practices in relation to student programming and student services.

There are three areas in particular that have either grown tremendously or been developed for the first time at Palo Alto College. These three areas are the Ray Ellison Family Center, Counseling Services, and the Office of Student Conduct.

Prior to 2015, the Office of Counseling Services with a dedicated Personal Counselor did not exist. In just two years, this area has developed individual counseling sessions, group sessions, and workshops in partnership with faculty such as the *Art of Happiness*. Data specific to our student population and the struggles they work to overcome in order to stay in school has also been collected for the first time. This data has also been compared to national sources so that we may better understand our students and what they need to stay in school.

The following Research Brief provides an overview, research based practices used, and how the Division of Student Success assesses services and learning so that we can ensure students and families are receiving the best education possible.

Sincerely,

Gilberto Becerra, Jr.

Vice President of Student Success

Research Brief:

Counseling Services

2015-2017

BACKGROUND

Colleges across the nation struggle to keep up with the growing demand for mental health resources on campus. College students experience rates of anxiety, depression and other mental health problems as high as 50% according to research released by the Wisconsin Hope Lab (Eisenberg, Goldrick-Rab, Ketchen Lipson, & Broton, 2016). Adverse effects of mental illness - impaired focus or concentration, memory loss, emotional withdrawal, and more - negatively impact grades and attendance, and ultimately, student success (Eisenberg, Goldrick-Rab, Ketchen Lipson, & Broton, 2016).

In 2015, an [Advocacy Center Survey](#) was completed by over two thousand students at Palo Alto College (PAC). Within the survey, students identified mental health counseling as a top priority. This local data combined with national data led to the development of a center devoted primarily to personal counseling and crisis intervention.

COUNSELING SERVICES MISSION

The mission of Counseling Services is to promote wellness, academic success, and retention in the Palo Alto College community by providing mental health counseling, resources, consultation, and outreach.

The mission of Counseling Services and its' goals are directly linked to Palo Alto College's Strategic Directions and Institutional Learning Outcomes (ILOs). In particular, the goals align with Strategic Direction 1: Empowering Students for Success, and the Institutional Learning Outcomes of Communication Skills, Critical Thinking, and Personal Responsibility.

GOALS

Counseling Services is focused on providing access, building awareness, and fostering a preventative approach to mental health services using evidence-based strategies.

From Vision to Implementation

In the Fall 2015, a Licensed Professional Counselor-Supervisor was hired as part of a strategic plan to create an industry standard counseling center using guidelines from the Council for the Advancement of Standards in Higher Education (CAS) and the International Association of Counseling Services, Inc. (IACS, Inc.).

To assist with outreach and individual counseling services, graduate students were recruited from local universities' counseling programs, and a programming calendar was developed to include presentations, workshops, and small group sessions.

In Spring 2016, a local survey was administered to students as part of the appointment intake process. Of the respondents, 74% report symptoms of stress and 69% report symptoms of anxiety.

File and record management processes were developed and, in Spring 2017, a new electronic medical records software was implemented for enhanced data management and security.

PROGRAMMING

Evidence-Based Preventative Approach

At PAC, free short-term counseling and crisis intervention is available to currently enrolled students, and consultation services are available to staff and faculty who may have students who would benefit from counseling services. Counselors utilize evidence-based strategies through personal individual counseling and psychoeducational programming to foster student development and mental health on campus.

Working with students in small groups is another effective way to meet students' mental health needs. Counselors meet with student organizations such as Club Stand and the Palomino Alliance to offer workshops on specific topics such as sexual assault and gender identity.

During class presentations and group workshops, students, staff, and faculty learn about various mental health topics and strategies to build resilience. In the Spring of 2017, Counseling Services launched a series of workshops and groups based on the tenets of positive psychology and solution-focused strategies to the PAC community, *The Art of Happiness, The Habits of Happy People,* and *Happiness Matters*.

The Art of Happiness support group was a collaborative effort between the Personal Counselor and Art Faculty Member. Students and facilitators met weekly throughout the Spring of 2017 and participated in activities combining positive psychology and the expressive arts.

The Habits of Happy People support groups met weekly throughout the Summer of 2017. Student participants learned and practiced "happiness interventions" in a group setting. They shared thoughts, feelings, and experiences in a collaborative, supportive environment.

Happiness Matters workshops are introductions to the field of positive psychology and the proactive interventions used to build resilience. By learning evidence-based strategies, individuals discover ways to thwart depression and anxiety before they are given a chance to take hold.

Awareness

Counseling Services promotes mental health awareness through a combination of presentations and campus events. An overview of Counseling Services is provided in New Student Orientation and in classrooms to freshmen each year.

To build awareness around topics affecting the PAC community, Counseling Services partnered with Campus Police to present on topics such as stalking awareness and spring break safety in Spring of 2016. In October 2016, Bexar County Sheriff Pamerleau visited campus to begin a month of activities and a series of guest speakers for Domestic Violence Awareness month.

In addition to events and presentations, information about Counseling Services is distributed through flyers and on the PAC website, and counselors conduct free mental health screenings throughout the semester.

RESULTS

2016-2017 Student Learning Outcome: *Students, staff, and faculty will be familiar with Counseling Services location and hours.*

Student Learning Outcome Results

In the 2016-2017 academic year, Counseling Services sought to increase services provided to students by at least 5% when compared to the previous academic year. Overall, Counseling Services experienced a 38% increase in counseling appointments and a 41% increase in consultations with staff and faculty.

At workshops, surveys were collected to assess for learning outcomes and to request feedback. In 414 post-workshop surveys, 90% of students were able to identify how to meet with a personal counselor. Based on student suggestions, counselors revised presentations by adding activities, handouts, and visual aids.

SERVICES PROVIDED	2015-2016	2016-2017	% Change
Individual Students Served	79	111	⬆ 11%
Individual Counseling Sessions	255	351	⬆ 38%
Consultations with Faculty and Staff Over Student Concerns	158	222	⬆ 41%
Presentations/Groups	71	114	⬆ 61%
New Intakes	80	107	⬆ 34%
Crisis Interventions	40	63	⬆ 58%

2016-2017 Service Area outcome: *Students will have an improved sense of well-being and a reduction of symptoms.*

Service Area Outcome Results

After individual appointments, students were asked whether or not the session was helpful. Of 131 students surveyed, 97% responded affirmatively, often adding that it helped to talk about

their problem with someone who was not directly involved or someone who they considered to be "unbiased." Students with concerns outside of the scope of short-term counseling are provided additional resources and referrals to both campus resources such as the food pantry, clothes closet, and emergency aid. Referrals are also made to community resources when appropriate.

In post-workshop surveys, 98% of respondents answered "yes" to the statement, "I learned something useful in this training session which I can apply to my life as a student." Additionally, 95% of students indicated the presentation was "clear" and "no improvements were needed." As stated above, student feedback and recommendations for improvement were often integrated into subsequent presentations.

NEXT STEPS

As new students, staff, and faculty join the PAC community each semester, building awareness will remain a priority. Counseling Services will continue to offer preventative, solution-focused programming for students, staff, and faculty.

Due to the popularity to the *Happiness* series, Counseling Services will offer additional opportunities for students and employees to learn about strategies from the field of positive psychology. Presentations and support groups for students, as well as lunch and learn workshops for faculty and staff, will be available throughout the 2017-2018 academic year.

In Spring 2018, the College will participate in the Healthy Minds Survey. This survey will provide insight into the challenges students face in terms of mental health and will allow for the College to have access to national data for comparison.

Finally, the Student Learning Outcome and Service Area Outcome will continue to be assessed in alignment with the Counseling Services Assessment Plan.

References

Eisenberg, D., Goldrick-Rab, S., Ketchen Lipson, S., & Broton, K. (2016). *Too Distressed to Learn? Mental Health Among Community College Students.* Madison: Wisconsin Hope Lab.

ADVOCACY CENTER STUDENT SURVEY RESULTS

In an effort to better understand student perceptions about services needed at Palo Alto College, the Advocacy Center Task Force commissioned a survey of students (2,373 respondents) in the Fall of 2015. Primary results of this survey, utilizing a representative sampling methodology, demonstrate that students have stronger preferences for services addressing career preparation and financial assistance relative to other services options included in the study. Survey items inquiring about health services indicate a majority of participants (79%) believe this campus needs additional, on-campus services. Similarly, 38% of participating students indicate they would use on-campus housing were it available. Full survey results available at Palo Alto College's Institutional Research web page http://www.alamo.edu/pac/institutional-research/.

SAMPLED DEMOGRAPHICS
TOTAL RESPONSES = 2,373
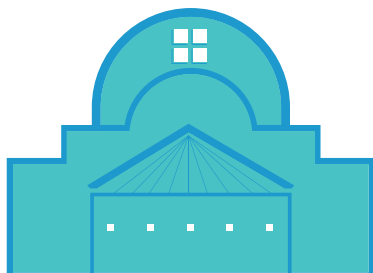
GENDER

FEMALE 63.3%

MALE 36.7%

ETHNICITY

HISPANIC/LATINO = 72%

WHITE/CAUCASIAN = 13%

AFRICAN AMERICAN/BLACK = 2%

ASIAN/PACIFIC ISLANDER = 1%

NATIVE AMERICAN = 1%

MULTI ETHNIC = 4%

HOME SCHOOL

PALO ALTO COLLEGE = 89.1%

SAN ANTONIO COLLEGE = 4.3%

NORTHWEST VISTA COLLEGE = 2.9%

ST. PHILLIPS COLLEGE = 2.7%

NORTHEAST LAKEVIEW COLLEGE = 1%

STUDENT SERVICE NEEDS
(% RESPONDING THIS SERVICE WOULD BE VERY BENEFICIAL)

CAREER PREPARATION	FINANCIAL ASSISTANCE	NON-URGENT HEALTHCARE	MENTAL HEALTH	FAMILY COUNSELING
53.3%	45.5%	30.4%	29.8%	23.7%

ON CAMPUS HEALTH CARE

SUPPORT HEALTH SERVICES

YES 78.5%

NO 21.5%
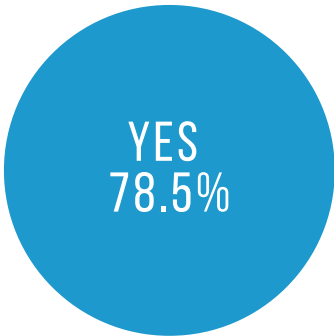
HOW OFTEN WOULD STUDENTS USE?

NEVER = 7.8%

ONLY IN AN EMERGENCY = 40.9%

ONCE A YEAR = 8.4%

ONCE A TERM = 26.0%

3 OR MORE TIMES A YEAR = 16.9%

TRANSPORTATION AND HOUSING

WOULD YOU LIVE ON CAMPUS?
YES 38%
NO 62%

MOST POPULAR PRICE POINT:
LESS THAN $500 A MONTH 69.1%

TRANSPORTATION MODE:

DRIVE OWN CAR = 71.9%

DROPPED OFF = 14.6%

MASS TRANSIT = 4.4%

OTHER = 9.1%

TOP 3 REASONS FOR LIVING ON CAMPUS:

LOW PRICES	CLOSE TO CLASSES	SECURITY
67%	58.5%	52.6%

COMMUTING DISTANCE TO CAMPUS
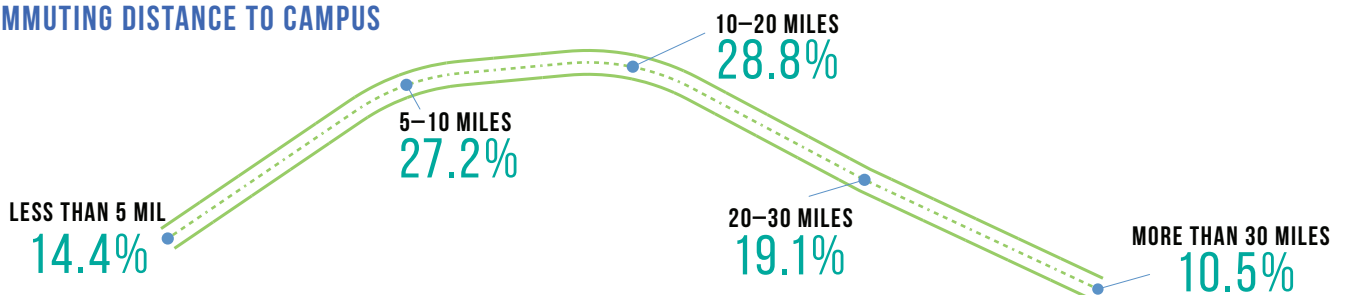
LESS THAN 5 MIL 14.4%

5–10 MILES 27.2%

10–20 MILES 28.8%

20–30 MILES 19.1%

MORE THAN 30 MILES 10.5%

Too Distressed to Learn?

Mental Health Among Community College Students

MARCH 2016

Daniel Eisenberg
University of Michigan

Sara Goldrick-Rab
University of Wisconsin-Madison

Sarah Ketchen Lipson
University of Michigan

Katharine Broton
University of Wisconsin-Madison

A new study at 10 community colleges across the nation reveals that half of the more than 4,000 community college students surveyed are experiencing a current or recent mental health condition. Less than half of these students are receiving any mental health services. Students age 25 and younger are especially likely to have an untreated mental health condition. As mental illness can impair academic success and quality of life, there is a clear need for greater attention to and resources for mental health services and programs on community college campuses.

The Challenge: Mental Health Conditions among Community College Students

The number of college students struggling with mental illnesses such as depression and anxiety disorders is growing.[1] The best available information on the prevalence of mental illness comes from surveys at four-year colleges and universities, where approximately one in three students experience common mental health problems including depression and anxiety.[2] A small number of tragic campus shootings by mentally ill students has brought significant media attention to this issue, but the focus on the infrequent, extreme violence ignores the broader challenges facing colleges and universities and their students all over the country. In particular, we know very little about the mental health conditions of the nation's 11 million community college students, who attend institutions where resources tend to be scarce and mental health services are often lacking.[3]

Community colleges embrace their mission of accessibility, keeping barriers to enrollment at a minimum and intentionally opening their doors to students from all backgrounds. But the opportunities they provide come with challenges. On average, just 20% of first-time, full-time students pursuing a certificate or associate degree at community colleges complete a credential within 150% of the intended timeframe – usually one year for a certificate and two years for an associate degree.[4] Eight years after beginning community college, 43% of students are no longer enrolled, nor have they earned a credential of any kind.[5]

Many students enroll in community college because they do not feel ready or prepared for other options. Mental health may affect their educational decisions and their performance in college. Yet mental health is rarely mentioned among the factors affecting community college graduation rates, even though challenges such as depression are strong predictors of adverse academic outcomes, including lower grade point average and lower persistence in college.[6]

1 American College Health Association. *American College Health Association-National College Health Assessment II: Reference Group Executive Summary* Spring 2015. Hanover, MD: American College Health Association; 2015; Healthy Minds Network. (2016). Data website (data.healthymindsnetwork.org) accessed January 29, 2016. Ann Arbor, MI; Twenge, J.M., Gentile, B., DeWall, C.N., Ma, D., Lacefield, K., & Schurtz, D.R. (2010). Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI. Clinical Psychology Review, 30(2), 145-154.

2 Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60-67.

3 National Center for Education Statistics. (2014). Integrated Postsecondary Education Data, Fall Enrollment Data 2012-13. Washington, DC: U.S. Department of Education.

4 National Center for Education Statistics. (2014). Integrated Postsecondary Education Data, Fall Enrollment Data 2012-13. Washington, DC: U.S. Department of Education.

5 Shapiro, D., Dundar, A., Chen, J., Ziskin, M., Park, E., Torres, V., & Chiang, Y. (2012). *Completing College: A National View of Student Attainment Rates*. Herndon, VA: National Student Clearinghouse Research Center.

6 Arria, A.M., Caldeira, K.M., Vincent, K.B., Winick, E.R., Baron, R.A., & O'Grady, K.E. (2013). Discontinuous College Enrollment: Associations With Substance Use and Mental Health. *Psychiatric Services*, 64(2), 165-172; Eisenberg, D., Golberstein, E., & Hunt, J.B. (2009). Mental health and academic success in college. *The BE Journal of Economic Analysis & Policy*, 9(1).

Policymakers and practitioners lack data about student mental health, and perhaps more importantly, they lack resources to provide support. For example, 58% of four-year colleges and universities have on-site psychiatric facilities appropriate for treating mental illness compared to just 8% of community colleges.[7] Students with multiple risk factors for poor mental health, such as food and housing insecurity, are more likely to attend a community college rather than a four-year college or university.[8] Thus, community colleges have fewer resources along with student populations with higher needs, which may contribute to low graduation rates.

In an effort to better understand the state of mental health on community college campuses, we conducted a new survey. The effort, described in this report, is a partnership between the Healthy Minds Network at University of Michigan, the Wisconsin HOPE Lab at University of Wisconsin-Madison, the Association of Community College Trustees, and Single Stop. In 2015, we conducted an online survey with students at ten community colleges around the nation and received participation from more than 4,000 undergraduates. The data indicate that poor mental health conditions are prevalent and inadequately addressed among community college students, both in absolute terms and in comparison to students at four-year colleges and universities.

Significance of Mental Health Services and Programs for Community Colleges

Young adulthood is an exciting but vulnerable period, during which the availability of mental health services and programs is especially important. Although the majority of all lifetime mental disorders have first onset by one's mid-twenties, most are not treated for nearly a decade despite effective treatment regimens.[9] Left untreated, symptoms often increase in frequency and severity and are more likely to become treatment-resistant.[10] The high prevalence of and low treatment for mental disorders in this age group is significant for several reasons. In addition to the direct effect on individual well-being, there are also substantial downstream consequences, including higher utilization of medical care and social services (e.g., criminal justice, unemployment insurance), reduced human capital (e.g., education, job skills, and productivity), unhealthy coping behaviors (e.g., substance use and risky sexual behavior), problems in interpersonal relationships, and increased risk of violence and

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7 Gallagher, R. (2013). www.collegecounseling.org/wp-content/uploads/ACCA-survey-2013-14-FINAL.pdf.

8 Bastedo, M. & Jaquette, O. (2011). Running in place: Low-income students and the dynamics of higher education stratification. *Educational Evaluation and Policy Analysis*, 33(3), p. 318-339; Evans, G. W., Wells, N. M., & Moch, A. (2003). Housing and mental health: A review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59(3), 475-500; Melchior, M., Caspi, A., Howard, L. M., Ambler, A. P., Bolton, H., Mountain, N., & Moffitt, T. E. (2009). Mental health context of food insecurity: a representative cohort of families with young children. *Pediatrics*, 124(4), e564-e572.

9 Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359; Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 603-613.

10 Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 603-613.

incarceration.[11] According to a recent Institute of Medicine report, the total cost to society of mental disorders among people under age 25 is approximately $250 billion each year.[12]

In recent years, there has been increasing attention paid to what many refer to as the campus mental health crisis.[13] Recent results from the annual American Freshman Survey reveal the lowest levels of self-rated mental health among students at four-year colleges and universities since the measures were added in 1985.[14] To address growing concerns about student mental health, many four-year institutions have developed extensive mental health services and programs. As reported in the most recent National Survey of College Counseling Centers, four-year campuses have made significant efforts to meet the growing demand for mental health services; 55% expanded off-campus referrals, 26% increased counseling staff, and 20% increased psychiatric consulting hours.[15]

The more limited data from community colleges suggests that the availability of services is much lower, especially compared to the greater need. For example, a recent study of student mental health at community colleges and four-year institutions in California found that community college students have more severe psychological concerns and fewer institutional mental health resources than university students.[16] These findings are consistent with at least one other comparative study.[17]

11 Biggs, B. K., Vernberg, E. M., & Wu, Y. P. (2012). Social Anxiety and Adolescents' Friendships The Role of Social Withdrawal. *The Journal of Early Adolescence*, 32(6), 802-823; Breslau, J., Lane, M., Sampson, N., & Kessler, R. C. (2008). Mental disorders and subsequent educational attainment in a US national sample. *Journal of Psychiatric Research*, 42(9), 708-716; Currie, J., & Stabile, M. (2007). Mental health in childhood and human capital. In The problems of disadvantaged youth: An economic perspective (pp. 115-148). University of Chicago Press; Derntl, B., Seidel, E. M., Eickhoff, S. B., Kellermann, T., Gur, R. C., Schneider, F., & Habel, U. (2011). Neural correlates of social approach and withdrawal in patients with major depression. *Social neuroscience*, 6(5-6), 482-501; Elbogen, E. B., & Johnson, S. C. (2009). The intricate link between violence and mental disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry*, 66(2), 152-161; Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: a population-based prevalence study. *The Journal of the American Medical Association*, 284(20), 2606-2610; Derntl, B., Seidel, E. M., Eickhoff, S. B., Kellermann, T., Gur, R. C., Schneider, F., & Habel, U. (2011). Neural correlates of social approach and withdrawal in patients with major depression. *Social neuroscience*, 6(5-6), 482-501; Markowitz, F. E. (2011). Mental illness, crime, and violence: Risk, context, and social control. *Aggression and Violent Behavior*, 16(1), 36-44.

12 O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. National Academies Press.

13 Eiser, A. (2011, September). The crisis on campus: APA is working with Congress to address serious mental health problems on college campuses. 42(8):18. Retrieved from: www.apa.org/monitor/2011/09/crisis-campus.aspx; Gabriel, T. (2010, December 19). Mental health needs seen growing at colleges. The New York Times. Retrieved from: www.nytimes.com/2010/12/20/health/20campus.html?pagewanted=all&_r=1&; Schwartz, V., & Kay, J. (2009). The crisis in college and university mental health. *Psychiatric Times*, 26(10), 32-32.

14 Eagan, K., Stolzenberg, E. B., Ramirez, J. J., Aragon, M. C., Suchard, M. R., & Hurtado, S. (2014). *The American freshman: National norms fall 2014*. Los Angeles: Higher Education Research Institute, UCLA.

15 Gallagher, R. (2014). *National Survey of Counseling Center Directors*. Alexandria, VA: National Association of Counseling Services. Retrieved from: www.collegecounseling.org/wp-content/uploads/NCCCS2014_v2.pdf.

16 Katz, D. S., & Davison, K. (2014). Community College Student Mental Health A Comparative Analysis. *Community College Review*, 42(4), 307-326.

17 Manzo L, Jones H, Freudenberg N, Kwan A, Tsui E, & Gagnon M (2011). *The Psychological Well-Being of CUNY Students: Results from a Survey of CUNY Undergraduate Students Healthy CUNY Initiative*, City University of New York. Available at: web.gc.cuny.edu/che/cunypsychwellbeing.pdf.

Although there are no nationally representative data regarding service availability at community colleges, a 2011 national survey of community college counselors offers useful information. Nearly 70% of responding colleges provide at least some mental health counseling services, but nearly all counselors (97%) have considerable duties in addition to personal counseling (e.g., academic advising, career counseling, and administrative duties). The vast majority of community colleges (88%) do not have a psychiatrist or other licensed prescriber on staff or contracted to provide services, and 57% do not offer suicide prevention resources or programming.[18] The ratio of counselors to students at community colleges is 1 to 3,000, compared to 1 to 1,600 at four-year institutions.[19]

All counseling center directors at the responding community colleges in that 2011 survey, and nearly all (96%) of those at four-year institutions, said that they were seeing an increase in the number of students with serious psychological problems. To address this, 25% of four-year colleges and universities said that they increased the number of psychiatric treatment hours offered, compared to none of the community colleges in the survey. Community colleges did not hire more part-time staff during times of high service demand (while 26% of four-year institutions did so); instead 41% of community college counseling center directors had their staff work overtime without additional compensation to meet the increased need (18% of four-year institutions did so).[20]

Methodology

In order to examine the prevalence of mental health challenges among community college students and their use of counseling and other supports, we partnered with 10 community colleges in seven states and administered a modified version of the Healthy Minds Study (HMS) to random samples of their student populations. The survey assessed mental health as well as several other topics, including food and housing insecurity.[21] Invitations to participate in the study were fielded by the Association of Community College Trustees and the following colleges participated: Delgado Community College (Louisiana); Montgomery County Community College (Pennsylvania); State University of New York at Onondaga (New York); San Diego City College (California); San Diego Mesa College (California); San Diego Miramar College (California); San Diego Continuing Education (California); Essex County College (New Jersey); Moraine Park Technical College (Wisconsin); and Western Wyoming Community College (Wyoming). Six of the 10 colleges have typical rates of poverty in their surrounding communities (around the national average of 16%), while Montgomery County, Moraine Park, and Western Wyoming are in areas with lower than average rates of poverty (7 to 9%). Delgado

18 American College Counseling Association. *Community College Task Force Survey of Community/2 Year College Counseling Services*. www.collegecounseling.org/docs/ACCA-CCTF-2011SurveyBooklet.pdf.

19 Gallagher, R. (2013). *National Survey of Counseling Center Directors*. Alexandria, VA: National Association of Counseling Services. Retrieved from: www.collegecounseling.org/wp-content/uploads/Survey-2013-2-4-year-center-comparison-2.pdf.

20 Gallagher, R. (2013). *National Survey of Counseling Center Directors*. Alexandria, VA: National Association of Counseling Services. Retrieved from: www.collegecounseling.org/wp-content/uploads/Survey-2013-2-4-year-center-comparison-2.pdf.

21 Goldrick-Rab, S., Broton, K., & Eisenberg, D. (2015). Hungry to Learn: Addressing Food & Housing Insecurity Among Undergraduates. Wisconsin HOPE Lab, Madison, WI.

Community College's county rate is very high, at 27%.

Fielded between January and April 2015, the survey was conducted online, and over 48,000 students were recruited via emails obtained from institutional databases. Invitations were sent to random samples from each institution's full list of enrolled students, with the exception of one smaller institution at which all students were invited. The Institutional Review Boards at the researchers' home institutions and all participating sites approved the study.

Due to budget limitations we were unable to provide monetary incentives for participation in this survey, and community college students are difficult to reach for surveys, particularly because they do not appear to routinely use the email addresses on file with their colleges. The final survey response rate was 9% (N=4,312). Although the low response rate is obviously a significant limitation that creates the potential for biased estimates, it is fairly typical for an online survey without incentives, and it is unclear in which direction the estimated prevalence of key indicators might be biased.[22] On the one hand, students struggling with mental health and related issues may have more personal interest in the survey, which would motivate them to participate and mean that our estimates are biased upwards. On the other hand, they might also be less likely to keep up with their email or feel like they have the time and energy to complete a survey, making these estimates conservative. Further research is needed to examine these possibilities, but we view these estimates as important to a nascent field.

Since women had higher participation rates in the survey, as in most survey studies, we used sample weights to ensure that all estimates are representative of the actual sex ratio at each institution.[23] In addition, the sample weights were constructed such that each of the 10 institutions in the study was given the same aggregate weight. All estimates in this report are weighted accordingly.

Table 1 summarizes the demographic and other background characteristics of the sample and indicates that the sample is similar to the national community college population. For example, the sample is 55% female, compared to 57% at the national level; the sample includes 54% non-Hispanic White students, compared to 50% at the national level; and the sample includes 67% financial aid recipients, compared to 72% at the national level.[24]

22 Survey Gizmo (2015). Survey response rates [Web page]. Retrieved from www.surveygizmo.com/survey-blog/survey-response-rates.

23 Sax, L. J., Gilmartin, S. K., Lee, J. J., & Hagedorn, L. S. (2008). Using web surveys to reach community college students: An analysis of response rates and response bias. *Community College Journal of Research and Practice*, 32(9), 712-729.

24 American Association of Community Colleges (2015). *Community College Fast Facts*. www.aacc.nche.edu/AboutCC/Documents/Facts14_Data_R3.pdf.

Table 1: Sample Characteristics (N=4,312 at 10 Community Colleges)

Characteristic	Percentage
Sex	
Female	56.6%
Age	
18-20	21.4%
21-25	29.1%
26-30	16.2%
31+	33.2%
Race/ethnicity	
Black/African-American	15.0%
Hispanic/Latino	19.6%
Southeast Asian	3.8%
Other Asian	6.3%
White, non-Hispanic	54.2%
Other race or not specified	10.6%
Student Type	
International	4.9%
Family	
Has child(ren)	20.0%
Married or domestic partnership	22.0%
Aid status	
Financial aid recipient	67.1%
Highest level of parental education	
High school or less	33.9%
Some college	20.2%
Associate degree	11.1%
Bachelor's degree	21.5%
Graduate degree	13.3%
Household income	
<$5,000	7.3%
$5,000-$15,000	10.7%
$15,000-$25,000	8.8%
$25,000-$50,000	16.4%
$50,000-$75,000	11.8%
$75,000-$100,000	6.7%
>$100,000	9.3%
Not Reported	29.0%

Year in program	
1st	42.7%
2nd	39.6%
3rd+	17.7%
Enrollment	
Full-time enrollment	53.6%
Employment status	
Employed in last week	61.8%
Hours worked last week	30.1

Note: Race/ethnicity categories add up to more than 100% because respondents could check more than one.

Measuring Mental Health

We employed survey measures of mental health focused on recent symptoms of depression, anxiety, and eating disorders, as well as past-year suicidal ideation and non-suicidal self-injury. The same measures are used as in the annual Healthy Minds Study that has been fielded primarily at four-year institutions.[25] For some analyses we constructed a composite measure of mental health, equal to 1 if the student had a positive screen for any of the measures described above, and 0 otherwise.

Depression is assessed using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the DSM-IV criteria for a major depressive episode. This screen is validated as highly correlated with diagnoses by clinicians and other depression assessment tools in a variety of populations, including young adults.[26] Anxiety is measured with the GAD-7, which has also been validated in a variety of populations.[27] Symptoms of eating disorders are assessed with the five-item SCOFF instrument, which has been used extensively in college and other populations.[28]

25 Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60-67.

26 Löwe, B., Gräfe, K., Zipfel, S., Witte, S., Loerch, B., & Herzog, W. (2004). Diagnosing ICD-10 depressive episodes: superior criterion validity of the Patient Health Questionnaire. *Psychotherapy and Psychosomatics*, 73(6), 386-390; Martin, A., Rief, W., Klaiberg, A., & Braehler, E. (2006). Validity of the brief patient health questionnaire mood scale (PHQ-9) in the general population. *General Hospital Psychiatry*, 28(1), 71-77.

27 Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

28 Cotton, M. A., Ball, C., & Robinson, P. (2003). Four simple questions can help screen for eating disorders. *Journal of General Internal Medicine*, 18(1), 53-56; Luck, A.J., Morgan, J. F., Reid, F., O'Brien, A., Brunton, J., Price, C., Perry, L., & Lacey, J. H. (2002). The SCOFF questionnaire and clinical interview for eating disorders in general practice: comparative study. *British Medical Journal*, 325(7367), 755-756; Mond, J. M., Myers, T. C., Crosby, R. D., Hay, P. J., Rodgers, B., Morgan, J. F., Lacey, H., & Mitchell, J. E. (2008). Screening for eating disorders in primary care: EDE-Q versus SCOFF. *Behaviour Research and Therapy*, 46(5), 612-622; Morgan, J. F., Reid, F., & Lacey, J. H. (1999). The SCOFF questionnaire: assessment of a new screening tool for eating disorders. *British Medical Journal*, 319(7223), 1467-1468.

Three questions adapted from the National Comorbidity Survey Replication are used to assess past-year suicidal ideation and behavior.[29] These questions ask first whether in the past year the respondent ever seriously thought about attempting suicide, and if yes, whether the respondent made a plan for suicide and/or attempted suicide. One question assesses self-injury in the past year:

> *This question asks about ways you may have hurt yourself on purpose, without intending to kill yourself. In the past year, have you ever done any of the following intentionally? (Select all that apply.)*

Response categories include: "cut myself," "burned myself," "punched or banged myself," "scratched myself," "pulled my hair," "bit myself," "interfered with wound healing," "carved words or symbols into skin," "rubbed sharp objects into skin," "punched or banged an object to hurt myself," "other," and "no, none of these."[30]

Mental health service utilization is measured with items adapted from the questionnaire used in the Healthcare for Communities Study, a national study of mental health care utilization.[31] Regarding medication use, respondents are asked whether they took any of the most common types of psychotropic medications at least several times per week at any point in the past year. Respondents who indicate that they took a psychotropic medication are also asked about current use, the type of provider who prescribed the medication, and the frequency of discussing their medication use with a provider. Regarding psychotherapy, respondents are asked how many visits, if any, they had in the past year for therapy or counseling for their mental or emotional health. Those who indicate that they received counseling/therapy are then asked about current use and type of provider. In addition, to measure general contact with the health care system, students are asked whether they visited any health professional for any reason in the past year. We also assessed help-seeking from non-clinical sources by asking:

> *In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply).*

Responses categories include: "friend or roommate," "significant other," "family member," "religious counselor or other religious contact," "support group," "other non-clinical source," and "none of the above."

29 Kessler, R. C., Berglund, P., Borges, G., Nock, M., & Wang, P. S. (2005). Trends in suicide ideation, plans, gestures, and attempts in the United States, 1990-1992 to 2001-2003. *Journal of the American Medical Association*, 293(20), 2487-2495.

30 Gollust, S. E., Eisenberg, D., & Golberstein, E. (2008). Prevalence and correlates of self-injury among university students. *Journal of American College Health*, 56(5), 491-498.

31 Wells, K., Sturm, R., & Burnam, M. A. (2003). *Healthcare for Communities Household Survey public use files: Revised codebook*. Ann Arbor, MI: ICPSR.

All measures are examined in the overall student sample and also by gender (male versus female) and age group (25 and younger, versus 26 and older). We conducted stratified analyses because reported mental health symptoms and service use often vary by gender and age. [32]

Prevalence of Mental Health Conditions among Community College Students

The overall prevalence of mental health conditions for community college students is presented in Table 2, which also shows estimates by gender and age group. As a point of comparison, we also provide estimates from the four-year colleges and universities that participated in the HMS in academic year 2014-2015.[33] These are also disaggregated by age group.

Nearly half (49%) of the community college students surveyed report at least one mental health condition, with depression (36%) and anxiety (29%) the most common issues. These rates are high when compared with incidence among four-year students, and the disparity persists within age groups. For example, among students age 25 and younger, 56% of community college students reported a mental health condition, compared to 46% of students at four-year colleges and universities (difference significant at $p<0.001$). The difference is especially evident for severe depressive symptoms: 23% of younger community college students reported these symptoms compared to 11% of younger four-year students.

Within community college populations, mental health conditions appear more prevalent among students age 25 and younger when compared to older students (56% vs. 42%). There are no evident gender differences except when it comes to eating disorders (6% of males and 13% of females report this condition).

32 Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60-67; Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health*, 59(2), 110–116; Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 629-640.

33 There were 16 four-year schools in that study: University of Michigan, University of Denver, University of Lethbridge, Massachusetts Institute of Technology, Marietta College, Memorial University of Newfoundland, Miami University, New Mexico State University, Pennsylvania State University-Altoona, Pratt Institute, Randolph Macon College, School of the Art Institute of Chicago, St. John's University, Stanford University, Tulane University, and Wright State University.

This high prevalence of mental health conditions is not driven by a small subset of community colleges in the sample; on the contrary, eight of the ten colleges exhibit rates of 48% or higher (the remaining two colleges have rates of 35% and 40% respectively).

Table 2: Prevalence of Mental Health Conditions

	Community colleges					Four-year schools		
	All	Male	Female	Age ≤25	Age ≥26	All	Age ≤25	Age ≥26
N	4,312	1,348	2,922	2,101	2,097	15,816	11,803	4,013
Depression								
Depression (overall)	35.6%	34.4%	36.2%	39.8%	31.5%	24.4%	25.7%	20.1%
Severe (PHQ≥15)	20.0%	18.6%	20.7%	22.7%	17.4%	10.4%	11.1%	8.0%
Moderate (PHQ=10-14)	15.6%	15.8%	15.5%	17.2%	14.2%	14.0%	14.6%	12.0%
Anxiety								
Anxiety (overall)	29.1%	25.9%	31.3%	32.8%	25.6%	20.4%	21.4%	16.6%
Severe (GAD≥15)	13.7%	11.6%	14.9%	14.7%	12.9%	7.9%	8.6%	5.7%
Moderate (GAD=10-14)	15.4%	14.3%	16.4%	18.1%	12.7%	12.5%	12.9%	11.0%
Suicide, past year								
Suicidal ideation	11.0%	11.6%	10.3%	13.8%	8.1%	10.2%	11.0%	7.4%
Suicide plan	4.5%	4.3%	4.5%	6.3%	2.5%	3.2%	3.7%	1.5%
Suicide attempt	1.3%	1.2%	1.3%	2.1%	0.4%	0.9%	1.1%	0.4%
Injury, past year								
Non-suicidal self-injury	15.4%	14.4%	15.6%	21.6%	9.3%	18.5%	20.4%	11.6%
Eating disorder								
Eating disorder (SCOFF≥3)	9.8%	6.0%	12.7%	12.0%	7.6%	8.8%	9.1%	7.6%
Mental health overall								
Any mental health problem above	49.4%	46.6%	51.1%	56.4%	42.1%	43.8%	46.0%	36.0%
Mental health affected academics, past 4 weeks								
0 days	42.8%	44.8%	41.5%	36.1%	48.9%	43.5%	42.7%	46.4%
1-2 days	25.3%	22.8%	27.4%	28.9%	22.1%	28.2%	29.0%	25.0%
3-5 days	15.7%	15.2%	16.2%	17.4%	13.9%	15.7%	15.9%	14.9%
6+ days	16.2%	17.2%	15.0%	17.6%	15.1%	12.7%	12.4%	13.7%

Note: Male and female sample sizes do not quite sum to overall total because 10 students self-reported as transgender and 32 students did not identify a gender. Also, one hundred and fourteen students did not report their age. Due to co-occurrence of problems, the prevalence of individual conditions sums to more than the prevalence of "any problem".

Use of Mental Health Services Among Community College Students

Are students seeking and receiving assistance to support their mental health? The use of services among community college students (irrespective of mental health condition) is presented in Table 3. Reported use of services is considerably lower (30%) than the prevalence of mental health conditions (49%). Usage patterns among community college students appear similar to those of four-year students, but community college students are considerably less likely to have visited a health provider (including for reasons unrelated to mental health) (83% of four-year students did this compared to 70% of community college students). Community college students are also much less likely to report receiving informal (non-clinical) counseling or support for mental health, as compared to four-year students (46% versus 70%).

While students over age 25 are less likely than younger students to report a mental health condition, they are more likely to have received support (33% vs. 26%). Service usage rates are slightly higher for females than males (30% versus 28%).

Table 3: Prevalence of Service Use and Support among All Students

	Community colleges					Four-year schools		
	All	Male	Female	Age ≤25	Age ≥26	All	Age ≤25	Age ≥26
N	4,312	1,348	2,922	2,101	2,097	15,816	11,803	4,013
Clinical service and support, past year								
Psychotropic medication	21.7%	20.6%	22.4%	17.4%	25.6%	18.9%	18.1%	21.8%
Therapy or counseling	19.5%	18.8%	20.0%	17.7%	21.0%	22.2%	21.2%	25.6%
Any medication or therapy	29.5%	28.3%	30.4%	25.9%	32.8%	30.9%	29.6%	35.1%
Visit to any health provider	69.8%	63.3%	75.0%	65.9%	73.8%	82.6%	82.5%	83.1%
Non-clinical counseling/support, past year								
Friend or roommate	29.1%	22.9%	33.7%	32.9%	25.8%	53.4%	55.6%	45.9%
Significant other	20.0%	13.2%	25.3%	20.7%	19.5%	32.4%	30.6%	38.9%
Family member	24.6%	19.4%	28.4%	28.2%	21.5%	42.7%	44.3%	37.0%
Religious contact	6.1%	5.6%	6.7%	6.3%	6.0%	5.2%	5.3%	4.7%
Support group	2.9%	2.7%	3.0%	1.6%	4.2%	1.9%	1.8%	2.6%
Other non-clinical source	2.1%	2.3%	2.0%	1.9%	2.3%	1.4%	1.2%	1.9%
Any of the above	45.7%	38.3%	51.2%	49.4%	42.8%	69.5%	70.2%	67.0%

Note: Non-clinical counseling/support includes for reasons unrelated to mental health.

Table 4 restricts estimates of service usage to students experiencing mental health conditions, who are the most likely to benefit from services. Although the use of services is higher for this group, just 41% of community college students with reported mental health conditions indicate that they have received mental health services. This usage rate is low when compared to four-year students (46%), and the difference is more pronounced among students age 25 and younger: 35% for community college students with mental health conditions received support, compared to 45% of similar four-year students. Again, younger students are less likely than students over age 25 to receive support.

Perhaps students are receiving mental health support off-campus? Among students at four-year colleges and universities, campus services account for approximately half of mental health service use, according to our Healthy Minds Study comparison data. In the community college sample, however, this proportion is 10% or lower at most colleges, and only 36% at the college with the highest proportion (analysis not shown in tables).

Table 4: Prevalence of Service Use and Support among Students with Mental Health Conditions

	Community colleges					Four-year schools		
	All	Male	Female	Age ≤25	Age ≥26	All	Age ≤25	Age ≥26
N	1,878	523	1,327	1,067	768	5,791	4,582	1,205
Clinical service and support, past year								
Psychotropic medication	30.6%	29.6%	31.2%	24.3%	39.0%	29.8%	28.4%	35.8%
Therapy or counseling	27.7%	29.3%	26.6%	24.2%	32.0%	33.7%	32.7%	38.1%
Any medication or therapy	41.0%	41.9%	40.5%	35.4%	48.4%	45.7%	44.5%	51.1%
Visit to any health provider	71.9%	67.0%	75.8%	70.1%	75.0%	86.1%	86.1%	86.5%
Non-clinical counseling/support, past year								
Friend or roommate	38.7%	31.8%	43.3%	41.8%	35.8%	62.0%	63.7%	54.1%
Significant other	25.8%	17.1%	31.9%	27.0%	24.7%	37.2%	36.1%	42.3%
Family member	31.9%	27.9%	34.2%	34.2%	29.7%	47.8%	49.3%	40.8%
Religious contact	7.8%	7.7%	8.1%	7.6%	8.0%	5.5%	5.6%	5.0%
Support group	3.2%	2.5%	3.9%	1.6%	5.5%	2.8%	2.7%	3.2%
Other non-clinical source	3.6%	4.7%	2.9%	3.0%	4.5%	2.0%	1.8%	2.6%
Any of the above	59.6%	53.5%	63.6%	61.7%	58.1%	78.9%	79.5%	76.0%

The lower use of services among community college students is also related to higher rates of being uninsured (not shown in tables): 13.5%, as compared to just 3.1% in the four-year sample. Community college students rely heavily on public insurance, with 23.6% receiving Medicaid or other government-sponsored insurance, as compared to just 6.1% in the four-year sample.

The majority (60%) of community college students with a mental health condition receive some form of non-clinical counseling or support, but again, this rate is significantly lower than it is for four-year students (79%). The fact that 40% of community college students are not receiving support from friends, family, or other informal sources suggests that many students are isolated and do not have adequate social support networks.

Implications for Practice, Policy, and Future Research

Mental health conditions on campus clearly merit more attention, especially at the nation's community colleges. While most research and media attention has largely focused on students attending four-year institutions, this survey suggests that mental health conditions are more prevalent, and service use is lower, among community college students. While this initial study does not disentangle the reasons for the differences compared to four-year populations, socioeconomic factors are likely a key contributor, as suggested by our previous report focused on housing and food insecurity, Hungry to Learn, as well as the extensive literature documenting the relationship between poverty and mental health.[34]

What can institutions and other stakeholders do?

The relatively low mental health service usage rate estimated among community college students is likely related to the lack of campus mental health services, as described earlier in this report. It seems clear that community colleges need more resources to address student mental health. These resources would ideally include some combination of the following:

> • *counseling and health personnel and services;*
>
> • *health promotion and prevention personnel and programs;*
>
> • *efforts to link students seamlessly to additional services and resources in surrounding communities (e.g., helping low-income students enroll in Medicaid in states where they are eligible);*
>
> • *initiatives providing education and reduce stigma regarding mental health issues;*
>
> • *"gatekeeper" training programs for faculty and staff to provide basic knowledge and skills regarding mental health issues and referrals to appropriate resources;*
>
> • *crisis and safety protocols related to students with mental health concerns who might be a danger to themselves or others.*

34 Evans, G. W., Wells, N. M., & Moch, A. (2003). Housing and mental health: A review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59(3), 475-500; Melchior, M., Caspi, A., Howard, L. M., Ambler, A. P., Bolton, H., Mountain, N., & Moffitt, T. E. (2009). Mental health context of food insecurity: a representative cohort of families with young children. *Pediatrics*, 124(4), e564-e572.

Some of these initiatives, such as communications to provide information and reduce stigma, do not necessarily require substantial financial resources, although they do require time and energy from the staff members who plan and implement them. Other initiatives, such as expanding counseling services, clearly do require new resources. Institutions would need to advocate effectively for these additional resources, as many have been doing in recent years. Potential audiences for this advocacy include policymakers (both local and national), foundations, and private donors. Advocacy also needs to occur within institutions; for example, student services professionals and students with a strong interest in mental health can advocate to the higher administrators who make budgetary and strategic decisions on behalf of the institution.

In our experience with the Healthy Minds Network, many schools have used survey data such as the findings in this report to advocate successfully for additional resources. For example, counseling center directors present the data to vice presidents, presidents, and private donors at their institutions. The data can be translated into an economic case for student mental health services, given the link between mental health and student retention.[35] These data are especially powerful when combined with personal narratives or stories.

There are partnership opportunities that can help community colleges seek resources more effectively, as many have already discovered. Active Minds is a national organization of student mental health advocacy groups; they already have chapters at many community colleges, and can help harness the power of student voices to educate and advocate in campus communities. On the administrative side, the Jed Campus Program can partner with community colleges to help them conduct an internal assessment of their programs, services, and opportunities for improvement. These partnerships can not only help colleges advocate more effectively for needed resources, but also increase the impact of their existing resources. Partnerships with organizations like Single Stop can help community college students access existing resources, particularly public benefits such as Medicaid and subsidized health insurance in the individual health insurance exchange markets created by the Affordable Care Act. At many community colleges across the country Single Stop has been providing resources, training, and support to facilitate access to these and other public programs. These programs could be especially valuable for students experiencing mental health conditions.

Policymakers also have an important opportunity to make a positive impact through addressing student mental health at community colleges. Policymaking in higher education has focused on financial factors, which remain important, but innovation and resources dedicated to health and wellbeing are necessary too. As noted above, mental health is an important predictor of academic performance and persistence. For policymakers interested in breaking the self-perpetuating cycle of poverty and inequality across the lifespan and across generations, mental health in community college populations is an ideal area for investment.

35 Arria, A.M., Caldeira, K.M., Vincent, K.B., Winick, E.R., Baron, R.A., & O'Grady, K.E. (2013). Discontinuous College Enrollment: Associations With Substance Use and Mental Health. *Psychiatric Services*, 64(2), 165-172; Eisenberg, D., Golberstein, E., & Hunt, J.B. (2009). Mental health and academic success in college. *The BE Journal of Economic Analysis & Policy*, 9(1).

What can researchers do?

This study provides some of the first large-scale survey data on the state of mental health among community college students. It should be an initial step in a progression of research and data that can inform solutions to this public health problem. The survey data have two important limitations that should be addressed in upcoming work: the low response rate and the relatively small number of institutions. A study with the resources for incentives to improve response rates and examine non-response bias (e.g., by recruiting more intensively a subset of initial non-respondents) could potentially yield more accurate estimates. More data are also needed on the extent to which mental health conditions are contributing to lower academic performance and persistence in college among community college students. In addition, future work will be needed to develop and rigorously evaluate programs and initiatives that provide greater support for student mental health in community colleges.

Conclusion

The data in this report highlight the vast number of community college students who are experiencing significant challenges related to their mental and emotional health. Most of these students are not accessing mental health services. These challenges are even greater than those that have been well-documented at four-year institutions. There are enormous implications for the wellbeing and productivity of our communities nationwide, as millions of these students enter the workforce each year. All stakeholders—students, families, institutional and community leaders, health professionals, insurers, policymakers, nonprofits and philanthropists—will need to work together to make better use of existing resources and identify opportunities for new programs and services.

Information on the authors

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Palo Alto College Student Success SLO/SAO Assessment Cycle Template

DEPARTMENT NAME: <u>Counseling Services</u>   Academic Year: <u>2017-2018</u>

Department Mission: To promote wellness, academic success, and retention in the Palo Alto College community by providing mental health counseling, resources, consultation, and outreach. Counseling Services will be a vital resource for personal and student development to the entire PAC community in pursuit of success and excellence.

Student Learning Outcome (SLO)	PAC Strat. Direction and ILOs*	Means of Assessment	Assessment Timeline	Dissemination/ Communication of Results
1. Students, staff, and faculty will be familiar with Counseling Services location and hours.	Strategic Direction 1: Empowering Students for Success ILOs 1, 3, 6	Surveys by email and to classes after presentations. CS will continue to track number of students seen individually and through events and presentations and will compare visit numbers to prior year.	After each presentation Full review at the end of each semester (Fall and Spring)	Student Success Division Meetings, College Leadership, and E-Team at the end of each semester
Service Area Outcome (SAO)	PAC Strat. Direction and ILOs*	Means of Assessment	Assessment Timeline	Dissemination/ Communication of Results
1. Students will have an improved sense of well-being and a reduction of symptoms.	Strategic Direction 1: Empowering Students for Success ILOs 1, 3, 6	Pre/post surveys (symptom checklist) in person during intake and after 3 sessions are completed. Ask student after each session, "Was this helpful?" Track PGR and Persistence rates at the end of each semester for students Track % of students who have a second appointment	For those students completing 3 sessions Full review at the end of each semester (Fall and Spring) Full review at the end of each semester (Fall and Spring)	Student Success Division Meetings, College Leadership, and E-Team at the end of each semester

Additional Information/How will you use results to improve services?:
SLO will be used to assess the need for additional outreach, PR, or staff.
SAO will be used to assess need for additional training and/or resources.

Training Needed and Timeline:
Additional training is needed for survey monkey and other assessment instruments. Implementation in the fall semester.

*ILOS are Institutional Learning Outcomes (Gen Ed/Core Curriculum Assessment):	
1. Communication Skills	2. Teamwork
3. Critical Thinking	4. Social Responsibility
5. Empirical and Quantitative Analysis	6. Personal Responsibility

PAC Strategic Plan	
Strategic Direction 1: Empowering Students for Success	Strategic Direction 4: Sharing the PAC Experience
Strategic Direction 2: Creating and Sustaining a Culture of Inclusiveness	Strategic Direction 5: Targeting Our Resources for Success
Strategic Direction 3: Celebrating PAC Excellence	